

Section 4 Assignment of Rotating Residents or Fellows	Date Revised: January 2001, November 2009, January 2015, May 2025
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**Application Procedure for
SSM Health/Saint Louis University School of Medicine Residents (SSM Health/SLUSOM)
Rotating to Other Institutions for Electives**

External elective rotations for residents and fellows of SSM Health/SLUSOM's Graduate Medical Education (GME) Programs are only available on a case by case basis and with prior approval. Applications will be considered only for educational experiences which cannot be provided at SSM Health/SLUSOM or one of its affiliated institutions. The electives should be for specific educational components which are critical to the trainees' future professional development.

Applications will only be considered from trainees who have already demonstrated mastery of PGY level goals and objectives and have met or made substantial progress towards specialty or subspecialty board certification.

Because of the nature of funding for Graduate Medical Education, neither SSM Health nor its affiliated institutions can receive Medicare or Medicaid reimbursement for stipends, benefits, malpractice, or other teaching and administrative costs while one of our trainees is away on an elective. (See Section 1.5 subsection III, Funding for Residency Training Programs). The malpractice coverage for trainees must be secured in advance while training at a new clinical site or new institution (see Health Professions Letter of Indemnity). Malpractice coverage is not available for non U.S. rotation sites.

The accepting institution for an elective is rarely able to receive governmental support for the above costs (no Medicare or Medicaid cost report, BBA 97 restrictions, etc.). For these and other reasons, alternative funding and/or GME approval must be secured in advance of the away rotation experience.

Planning for these electives typically takes 3- 6 months. Even funded and otherwise acceptable requests may not be approved if the initial completed request (Section I-III, see below) is not received 3 months prior to the projected start date of the elective.

Application procedures are as follows:

1. A separate application **must** be completed for each elective rotation.
2. Each application **must** be completed including resident data verifications and appropriate signatures before approval is given.
3. Applicant is to complete Section I of the application and is responsible for requesting completion of Section II by the SSM Health/SLUSOM Residency Program Director. Applicant will then forward the application to the Residency Program Director or Clinical Supervisor where the elective will be take for completion of Section III and returned to the SSM Health/SLUSOM Residency Program Director.
4. The Program Director will forward the application to the SSM Health/SLUSOM Medicine GME Office for completion of Section IV.
5. The original is to be kept in the SSM Health/SLUSOM GME office and copies forwarded to the applicant and the elective residency program director.

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**Application For SSM Health/Saint Louis University School of Medicine Trainees
Rotating to Other Institutions for Electives**

Directions: Complete Section I

Return application to: _____
SSM Health/Saint Louis University Program Director

Address

City, State, Zip Code

Section I To be completed by applicant

Trainee Name: _____
(Last) (First) (Middle)
Trainee Address: _____
(Street, including Apartment Number)

(City) (State) (Zip Code)
Telephone: _____ - _____ - _____ PGY Level: _____

Name of clinical site/location for away elective: _____

Purpose of this away elective (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> observation only | <input type="checkbox"/> inpatient (list site _____) |
| <input type="checkbox"/> clinical care | <input type="checkbox"/> operative/procedures (list site _____) |
| <input type="checkbox"/> research | <input type="checkbox"/> ambulatory (list site _____) |
| <input type="checkbox"/> other (explain) _____ | <input type="checkbox"/> other clinical (list site _____) |

Address of program/clinical site of away elective _____
If outside of Missouri, will a state medical license be needed Yes No
If Yes, who will process the license: Away Site Trainee/Trainee Program

Phone number of program/clinical site of away elective _____

Name/Title of clinical supervisor at away elective site _____

Phone number of clinical supervisor at away elective site _____

Email address of clinical supervisor at away elective site _____

Requested dates of rotation: _____

Trainee's signature: _____

Date: _____

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Section II To be completed by applicant's SSM Health/SLUSOM Program Director

1. The trainee is in good standing with the residency program ___Yes ___ No
2. On the dates requested for rotation, the resident is a PGY ___ level.
3. An evaluation of trainee performance will be required at the end of the rotation. ___Yes ___ No
4. Trainee will get credit for rotation toward ACGME program requirements ___Yes ___ No
5. Away experience is unique or not available at current/affiliated program sites ___Yes ___No
6. Away site is an SSM Health location ___Yes ___No
7. Away clinical supervisor is an SSM Health physician ___Yes ___No
8. External funding available for away elective time ___Yes (source: _____) ___No
9. Away rotation is ____ Full Time ____ Part Time (describe duty time _____)
10. Goals/Objectives specific for this rotation are expected and are listed below or attached ___Yes ___ No
 - Away Rotation Goals:
 - Away Rotation Objectives:
11. Program-specific policy for Away Electives is attached or completed using below link ___Yes ___No

https://slu.az1.qualtrics.com/jfe/form/SV_0j0FmNidYv3go3s

SSM Health/SLUSOM Resident Program Director (Print)

SSM Health/SLUSOM Residency Program Director (Signature)

Date

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Section III To be completed by the Residency Program Director or Clinical Supervisor at the Away Elective site. After completion, please send this application to the applicant's SSM Health/SLUSOM Residency Program Director.

1. The resident has approval to take this elective rotation indicated below. ___Yes ___No

Dates of rotation: _____

2. Will an ACGME Program Letter of Agreement or Institutional Affiliation Agreement be required for this Away Rotation ___Yes ___No

3. Will malpractice coverage be provided by the Away Elective Site ___Yes ___No

4. **For non-Missouri sites:** will a state training license be needed ___Yes ___No

5. Name of residency program director (if applicable) _____

Name of sponsoring institution (if applicable) _____

Name of physician supervising resident: _____

(Print)

(Signature)

Date

Name of DIO/Site/Hospital/Institutional Official: _____

(Print)

(Signature)

Date

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Section IV To be completed by SSM Health/SLUSOM Administration.

1. Malpractice insurance ___ is ___ is not extended to cover the resident while the resident is on this elective rotation. (See attached Letter of Indemnity.)
2. The resident has our approval to take this elective.

Sr. Associate Dean, SSM Health/Saint Louis University School of Medicine

Date

SSM Health/Saint Louis University School of Medicine
Name of Sponsor

1402 South Grand Boulevard, Room M260
Mailing Address

St. Louis, Missouri 63104
City, State, Zip Code

314-617-2359 314-617-2534
Telephone Fax

FOR SSM Health/SLUSOM GME Office:

Please check off:

Copies sent by SSM Health/SLUSOM to:

- Applicant
- SSM Health/SLUSOM Residency Program Director
- Elective Program/Rotation Director